SDMS US EPA REGION V -1

SOME IMAGES WITHIN THIS DOCUMENT MAY BE ILLEGIBLE DUE TO BAD SOURCE DOCUMENTS.

CERRO COPPER PRODUCTS CO.
P.O. Box 66800
St. Louis, MO 63166-6800
618/337-6000

153606

August 31, 1992

Illinois Environmental Protection Agency
Division of Land Pollution Control
Post Office Box 19276
Springfield, Illinois 62794-9276

Re: 1991 Annual Hazardous Waste Report

Ladies and Gentlemen:

This is to confirm receipt of the Annual Report Errors letter and the attached computer printout of the errors. We have made the necessary modifications or corrections to the Error Listing and also to a copy of the original submission. To use the error listing we have repaginated the original report, per your instructions. Please note that the errors shown for page 7 of your report are not errors since this is a continuation sheet of page 6 of our report.

Should additional information be required please contact my office or that of Joe D. Burroughs, Environmental Engineer.

Very truly yours,
CERRO COPPER PRODUCTS CO.

Joseph M. Grana
Manager of Environmental and Energy Affairs

enc. 1991 Annual Report Error Listing

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form IC -- Identification and Certification

Instructions for this form found on pages 6 - 12.
This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

FOR AGENCY USE
___ IC
___ Others
___ Edit Letter
___ Corrected

Sec. I -- General Status

A. RCRA Generator Status *(Enter one code)*

30 1 1 = LQG
2 = SQG Skip to Box C
3 = CESQG
4 = Nongenerator (Continue to Box B)

B. Reason for not generating *(Check all that apply)*

31 ___ Never generated
32 ___ Out of business
33 ___ Only excluded or delisted waste generated
34 ___ Only non-hazardous waste generated
35 ___ Periodic generator, none in reporting year
36 ___ Waste minimization activity
37 ___ Other *(Specify in comments box)*

C. 1 38 1 = Status is expected to be the same next year and following years. 2 = Status is expected to change next year.

Section II. Enter the SIC Code(s) for this location.

3 3 4 1 (39) 3 3 5 1 (43) 3 3 6 6 (47) ____ (51)

Section III. On-Site Waste Management Status *(enter one code for each question)*

A. 55 1 RCRA regulated (permitted or interim status) storage
B. 56 1 RCRA permitted or interim status treatment, disposal, or recycling
C. 57 1 RCRA exempt treatment, disposal, or recycling

Section IV. Waste minimization activity during this reporting year *(Enter Y [Yes] or N [No] for questions A-D)*

A. 58 Y Did this site begin or expand a source reduction activity this year?
B. 59 N Did this site begin or expand a recycling activity this year?
C. 60 Y Did this site systematically investigate opportunities for source reduction or recycling?
D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year; if yes, enter Y below.

	S. Reduc.	Recyc.	
61	___	71 ___	Insufficient capital to install new source reduction equipment or implement new source reduction practices
62	___	72 ___	Lack of technical information on techniques applicable to the specific production processes
63	___	73 ___	Not economically feasible: cost savings in waste management or production will not recover the capital investment
64	X/	74 Y	Concern that product quality may decline as a result
65	___	75 ___	Permitting burdens
66	___	76 ___	Previously implemented -- additional reduction/recycling does not appear to be technically feasible
67	___	77 ___	Previously implemented -- additional reduction/recycling does not appear to be economically feasible
68	___	78 ___	Previously implemented -- additional reduction/recycling does not appear to be feasible due to permitting requirements
69	___		Technical limitations of the production processes
		79 ___	Requirements to manifest wastes inhibit shipments off site for recycling
		80 ___	Financial liability provisions inhibit shipments off site for recycling
		81 ___	Technical limitations of production processes inhibit shipments off site for recycling
		82 ___	Technical limitations of production processes inhibit off-site recycling
		83 ___	Lack of permitted off-site recycling facilities
		84 ___	Unable to identify a market for recyclable materials
70	___	85 ___	Other *(Specify in Comments box)*

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Sec. V. This Agency is authorized to require this information under Revised Statutes, 1991, Chapter 111-1/2, Sections 1004 and 1021 (f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to $25,000 for each day the failure continues, a fine up to $1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last Name Tandler First Name Paul B. Title Vice President

C. Signature [signature] 8/31/92 Date of signature 8-31-92 2-20-92

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet(s). Page 0001 of 0079

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms Sludge, 1,1,1-Trichloroethane

B. EPA Hazardous Waste Code F002 (30) ____ (34) ____ (38) ____ (42) ____ (46)

C. SIC code 3351 (50)

D. Origin Code 5 (54) System type M021 (55) E. Source code A19 (58) A__ (62) A__ (65)

F. Point of measurement 1 (68) G. Form code B501 (69)

H. Radioactive mixed 2 (73) I. TRI constituent 3 (74)

J. CAS numbers: 1. (75) 71-55-6 2. (83) ____-__-__ 3. (91) ____-__-__

4. (99) ____-__-__ 5. (107) ____-__-__

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density (116) 8.37 lbs/gal *(Same unit and density must be used for all quantities on this page)*

B. Quantity generated in previous reporting year (120) 770. C. Current reporting year (130) 1650.

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) ____ Quantity managed on-site this year (145) ____

On-Site System 2: System Type M (155) ____ Quantity managed on-site this year (159) ____

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (168) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
1 Mobile Avenue, Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: ILD066918327 (170)

C. System type shipped to M021 (182) D. Off-site availability code 1 (186)

E. Total quantity shipped in this reporting year: (187) 1650.

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197) ____

C. System type shipped to M (209) ____ D. Off-site availability code (213) ____

E. Total quantity shipped in this reporting year: (214) ____

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W (223) ____ W (228) ____ W (231) ____ W (234) ____ C. Other effects (Y=Yes, N=No) N (237) Revised-leave blank

D. Quantity recycled in reporting year due to new activities (238) ____

E. Activity/production index (248) ____ F. Reporting year Source reduction quantity (251) ____

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored that was generated this reporting year: (263) ____

Quantity stored that was generated prior to this reporting year: (275) ____

COMMENTS: (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

1 6 3 1 2 1 0 0 0 8

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Flammable Liquid (Aliphatic and Aromatic Hydrocarbons)
B. EPA Hazardous Waste Code D 0 0 1 (30) ____ (34) ____ (38) ____ (42) ____ (46) ____
C. SIC code 3 3 5 1 (50)
D. Origin Code 1 (54) System type M (55) ____ E. Source code A 5 8 (58) A ____ (62) A ____ (65)
F. Point of measurement 1 (68) G. Form code B 2 0 9 (69)
H. Radioactive mixed 2 (73) I. TRI constituent 2 (74)
J. CAS numbers: 1. (75) ____ 2. (83) ____ 3. (91) ____
4. (99) ____ 5. (107) ____

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 9 . 5 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year (120) ____ 0 . C. Current reporting year (126) ____ 8 2 5 .
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M (141) ____ Quantity managed on-site this year (145) ____ .
On-Site System 2: System Type M (155) ____ Quantity managed on-site this year (159) ____ .

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (168) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Safety-Kleen Envirosystems
State Highway 146, New Castle, KY 40050
B. U.S. EPA ID No. of facility waste was shipped to: K Y D 0 5 3 3 4 8 1 0 8 (170)
C. System type shipped to M/O/A/P/ M061 (182) D. Off-site availability code 1 (188)
E. Total quantity shipped in this reporting year: (187) ____ 8 2 5 .
Site 2: Name and address of facility:

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B. U.S. EPA ID No. of facility waste was shipped to: (197) ____
C. System type shipped to M (209) ____ D. Off-site availability code (213)
E. Total quantity shipped in this reporting year: (214) ____ .

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W (225) ____ W (228) ____ W (231) ____ W (234) ____ C. Other effects (Y=Yes, N=No) (237)
D. Quantity recycled in reporting year due to new activities (238) ____ .
E. Activity/production index (248) ____ . F. Reporting year Source reduction quantity (251) ____

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)
Quantity stored that was generated this reporting year: (260) ____ .
Quantity stored that was generated prior to this reporting year: (273) ____ .

COMMENTS: (303) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution, Stripper Dip Mix

B. EPA Hazardous Waste Code D001 (30) ____ (34) ____ (38) ____ (42) ____ (46) ____

C. SIC code 3341 (50)

D. Origin Code 1 (54) System type M (55) ____

E. Source code A22 (60) A____ (62) A____ (65)

F. Point of measurement 1 (68)

G. Form code B101 (69)

H. Radioactive mixed 2 (73)

I. TRI constituent 2 (74)

J. CAS numbers: 1. ____ (75) 2. ____ (83) 3. ____ (91)
4. ____ (99) 5. ____ (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 (115) Density 7.98 (115) lbs/gal *(Same unit and density must be used for all quantities on this page)*

B. Quantity generated in previous reporting year 2637. (120) C. Current reporting year 9101. (130)

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) Quantity managed on-site this year ____ (145)

On-Site System 2: System Type M (155) Quantity managed on-site this year ____ (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (180) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Safety-Kleen Envirosystems
State Highway 146, New Castle, KY 40050

B. U.S. EPA ID No. of facility waste was shipped to: KYD005334810 (170)

C. System type shipped to M061 (182) D. Off-site availability code 1 (186)

E. Total quantity shipped in this reporting year: 9101. (187)

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ____ (197)

C. System type shipped to M____ (209) D. Off-site availability code ____ (213)

E. Total quantity shipped in this reporting year: ____ (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W54 (225) W____ (228) W____ (231) W____ (234) C. Other effects (Y=Yes, N=No) N (237)

D. Quantity recycled in reporting year due to new activities 0. (238)

E. Activity/production index 0.7 (248) F. Reporting year Source reduction quantity 30341. (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored that was generated this reporting year: ____ (263)

Quantity stored that was generated prior to this reporting year: ____ (275)

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COMMENTS: ____ (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution, Phosphoric Acid

B. EPA Hazardous Waste Code D 0 0 2 (30) (34) (38) (42) (46)

C. SIC code 3 3 4 1 (50)

D. Origin Code 1 (54) System type M (55)

E. Source code A 3 7 (59) A (62) A (65)

F. Point of measurement 1 (68)

G. Form code B 1 0 3 (69)

H. Radioactive mixed 2 (73)

I. TRI constituent 3 (74)

J. CAS numbers: 1. 7 6 6 4 - 3 8 - 2 (75) 2. (83) 3. (91)

4. (99) 5. (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 1 0 . 5 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

B. Quantity generated in previous reporting year (120) 4 9 5 . C. Current reporting year (130) 9 9 0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) Quantity managed on-site this year (145)

On-Site System 2: System Type M (155) Quantity managed on-site this year (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Heritage Environmental Services Inc.
7901 W. Morris St., Indianapolis, IN 46231

B. U.S. EPA ID No. of facility waste was shipped to: I N D 0 9 3 2 1 9 0 1 2 (170)

C. System type shipped to M 0 7 8 (182) D. Off-site availability code 1 (196)

Total quantity shipped in this reporting year: 9 9 0 (187)

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to M (209) D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W (225) W (228) W (231) W (234) C. Other effects (Y=Yes, N=No) (237)

D. Quantity recycled in reporting year due to new activities (238)

E. Activity/production index (248) F. Reporting year Source reduction quantity (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored that was generated this reporting year: (263)

Quantity stored that was generated prior to this reporting year: (273)

COMMENTS: Y (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Sec. III C System Type Shipped to: M078

Handling codes as given in 40CFR
Part 265 Appendix I

Storage: S01 - Container (barrel, drum, etc.)

Treatment: T23 - Chemical Precipitation
T31 - Nuetralization
T40 - Filtration
T37 - Coagulation
T21 - Chemical Fixation

Disposal: D85 - Other (not specified)

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil, Halogen Contaminated

B. EPA Hazardous Waste Code F001 (30) ____ (34) ____ (38) ____ (42) ____ (46) ____

C. SIC code 3351 (50)

D. Origin Code 1 (54) System type M (55)____

E. Source code A51 (58) A53 (62) A54 (65)

F. Point of measurement 2 (68)

G. Form code B206 (80)

H. Radioactive mixed 2 (73)

I. TRI constituent 3 (74)

J. CAS numbers: 1. (75) 71-55-6 2. (83) ____ 3. (91) ____

4. (99) ____ 5. (107) ____

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 8.04 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

B. Quantity generated in previous reporting year (120) 58958. C. Current reporting year (130) 49765.

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141)____ Quantity managed on-site this year (145) ____.

On-Site System 2: System Type M (155)____ Quantity managed on-site this year (159) ____.

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Holnam/Safety-Kleen
P. O. Box 456, Clarksville, MO 63336

B. U.S. EPA ID No. of facility waste was shipped to: MOD029729688 (170)

C. System type shipped to M051 (182) D. Off-site availability code 1 (186)

E. Total quantity shipped in this reporting year: (187) 3887.5

Site 2: Name and address of facility:
Safety-Kleen Corp.
State Highway 146, New Castle, KY 40050

B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108 (197)

C. System type shipped to M061 (209) D. Off-site availability code 1 (213)

E. Total quantity shipped in this reporting year: (214) 8090.

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W12 (225) W____ (229) W____ (233) W____ (234) C. Other effects (Y=Yes, N=No) N (237)

D. Quantity recycled in reporting year due to new activities (238) NA.

E. Activity/production index NA. (248) F. Reporting year Source reduction quantity (251) 9193.

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (262)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (263)

Quantity stored that was generated this reporting year: (263) ____.

Quantity stored that was generated prior to this reporting year: (279) ____.

COMMENTS: Y (300) – Enter Y (Yes) if you have comments regarding this page and attach extra sheet.
Sec. III, Box B continued on following page 8.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil, Halogen Contaminated, Con't.

B. EPA Hazardous Waste Code (30) (34) (38) (42) (46)

C. SIC code (50)

D. Origin Code (54) System type M (55) E. Source code A (59) A (62) A (65)

F. Point of measurement (68) G. Form code B (69)

H. Radioactive mixed (73) I. TRI constituent (74)

J. CAS numbers: 1. (75) 2. (83) 3. (91)

4. (99) 5. (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM (115) Density (116) . lbs/gal *(Same unit and density must be used for all quantities on this page)*

B. Quantity generated in previous reporting year (120) . C. Current reporting year (130) .

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) Quantity managed on-site this year (145) .

On-Site System 2: System Type M (155) Quantity managed on-site this year (159) .

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? (168) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Clayton Chemical Co.
1 Mobile AVe., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: (170) I L D 0 6 6 9 1 8 3 2 7

C. System type shipped to M (182) 0 6 1 D. Off-site availability code (186) I

E. Total quantity shipped in this reporting year: (187) 2 8 0 0 .

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to M (209) D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214) .

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Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W (225) W (228) W (231) W (234) C. Other effects (Y=Yes, N=No) (237)

D. Quantity recycled in reporting year due to new activities (238) .

E. Activity/production index (248) . F. Reporting year Source reduction quantity (251) .

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) (262)

Quantity stored that was generated this reporting year: (263) .

Quantity stored that was generated prior to this reporting year: (275) .

COMMENTS: (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Revised 9-1-92

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Solvent, 1,1,1-Trichloroethane
B. EPA Hazardous Waste Code F001
C. SIC code 3351
D. Origin Code 1 System type M____ E. Source code A19 A__ A__
F. Point of measurement 1 G. Form code B202
H. Radioactive mixed 2 I. TRI constituent 3
J. CAS numbers: 1. 71-55-6 2. ______-__-_ 3. ______-__-_
4. ______-__-_ 5. ______-__-_

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 10.23 lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year 71305. C. Current reporting year 79790.
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? Y Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M021 Quantity managed on-site this year 79,790.
On-Site System 2: System Type M NA Quantity managed on-site this year ____________.__

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Clayton Chemical Co.
1 Mobile Ave., Sauget, IL 62201
B. U.S. EPA ID No. of facility waste was shipped to: ILD066918327
C. System type shipped to M021 D. Off-site availability code 1
E. Total quantity shipped in this reporting year: 4600.
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ____________
C. System type shipped to M____ D. Off-site availability code __
E. Total quantity shipped in this reporting year: ____________.__

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W___ W___ W___ W___ C. Other effects (Y=Yes, N=No) __
D. Quantity recycled in reporting year due to new activities ____________.__
E. Activity/production index ___.__ F. Reporting year Source reduction quantity ____________.__

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored that was generated this reporting year: ____________.__
Quantity stored that was generated prior to this reporting year: ____________.__

COMMENTS: __ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms, 1,1,1-Trichloroethane

B. EPA Hazardous Waste Code F002 (30) ____ (34) ____ (38) ____ (42) ____ (46)

C. SIC code 3351 (50)

D. Origin Code 5 (54) System type M021 (55) E. Source code A19 (59) A (62) A (65)

F. Point of measurement 1 (68) G. Form code B201 (69)

H. Radioactive mixed 2 (73) I. TRI constituent 3 (74) Added

J. CAS numbers: 1. (75) 71-55-6 2. (83) 3. (91)

4. (99) 5. (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 8.37 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

B. Quantity generated in previous reporting year (120) 8800. C. Current reporting year (130) 5425

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) Quantity managed on-site this year (145)

On-Site System 2: System Type M (155) Quantity managed on-site this year (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (168) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: ILD066918327 (170)

C. System type shipped to M021 (182) D. Off-site availability code 1 (186) Added

E. Total quantity shipped in this reporting year: 5425. (187)

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to M (209) D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W61 (225) W (228) W (231) W (234) C. Other effects (Y=Yes, N=No) N (237)

D. Quantity recycled in reporting year due to new activities 0. (238)

E. Activity/production index NA. (248) F. Reporting year Source reduction quantity 3375. (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (262)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (263)

Quantity stored that was generated this reporting year: (263)

Quantity stored that was generated prior to this reporting year: (275)

COMMENTS: (287) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form TI – Transporter Identification

Instructions for this form found on page 32.

1. U.S. EPA ID No. I L D 0 0 6 4 9 3 1 9 1
Transporter Name and Address:

SCHIBER TRUCK CO.
P. O. Box 51
Hartford, IL 62048

2. U.S. EPA ID No. I L D 0 6 6 9 1 8 3 2 7
Transporter Name and Address:

CLAYTON CHEMICAL CO.
#1 Mobile Ave.
Sauget, IL 62202

3. U.S. EPA ID No. I L D 0 9 2 3 5 8 5 4 8
Transporter Name and Address:

GATEWAY PETROLEUM CO.
3000 Misscuri Ave.
East St. Louis, IL 62205

4. U.S. EPA ID No. I N D 0 5 8 4 8 4 1 1 4
Transporter Name and Address:

HERITAGE TRANSPORT INC.
7901 W. Morris St.
Indianapolis, IN 46231

5. U.S. EPA ID No. W I D 9 8 0 9 0 4 7 4 2
Transporter Name and Address:

SCHNEIDER TANK LINES
P. O. Box 2356
Green Bay, WI 54306

6. U.S. EPA ID No. N Y D 9 8 0 7 6 9 9 4 7
Transporter Name and Address:

HAZMAT ENVIRONMENTAL GROUP
60 Commerce Dr.
Buffalo, NY 14218

7. U.S. EPA ID No. _ _ _ _ _ _ _ _ _ _ _ _
Transporter Name and Address:

8. U.S. EPA ID No. _ _ _ _ _ _ _ _ _ _ _ _
Transporter Name and Address:

COMMENTS: ____ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form IC -- Identification and Certification

Instructions for this form found on pages 6 - 12.
This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

FOR AGENCY USE
___ IC
___ Others
___ Edit Letter
___ Corrected

Sec. I -- Generator Status

A. RCRA Generator Status *(Enter one code)*

30 1
1 = LQG
2 = SQG Skip to Box C
3 = CESQG
4 = Nongenerator (Continue to Box B)

B. Reason for not generating *(Check all that apply)*

31 ___ Never generated
32 ___ Out of business
33 ___ Only excluded or delisted waste generated
34 ___ Only non-hazardous waste generated
35 ___ Periodic generator, none in reporting year
36 ___ Waste minimization activity
37 ___ Other *(Specify in comments box)*

C. 38 1 1 = Status is expected to be the same next year and following years. 2 = Status is expected to change next year.

Section II. Enter the SIC Code(s) for this location.

39 3 3 4 1 43 3 3 5 1 47 3 3 6 6 51 ___ ___ ___ ___

Section III. On-Site Waste Management Status *(enter one code for each question)*

A. 55 1 RCRA regulated (permitted or interim status) storage
B. 56 1 RCRA permitted or interim status treatment, disposal, or recycling
C. 57 1 RCRA exempt treatment, disposal, or recycling

Section IV. Waste minimization activity during this reporting year *(Enter Y [Yes] or N [No] for questions A-D)*

A. 58 Y Did this site begin or expand a **source reduction** activity this year?
B. 59 N Did this site begin or expand a **recycling** activity this year?
C. 60 Y Did this site systematically investigate opportunities for **source reduction or recycling?**
D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional **source reduction** or on-site or off-site **recycling** activities this year; if yes, enter Y below.

S. Reduc. Recyc.

61 ___ 71 ___ Insufficient capital to install new source reduction equipment or implement new source reduction practices
62 ___ 72 ___ Lack of technical information on techniques applicable to the specific production processes
63 ___ 73 ___ Not ecomomically feasible: cost savings in waste management or production will not recover the capital investment
64 Y 74 ___ Concern that product quality may decline as a result
65 ___ 75 ___ Permitting burdens
66 ___ 76 ___ Previously implemented -- additional reduction/recycling does not appear to be technically feasible
67 ___ 77 ___ Previously implemented -- additional reduction/recycling does not appear to be economically feasible
68 ___ 78 ___ Previously implemented -- additional reduction/recycling does not appear to be feasible due to permitting requirements
69 ___ Technical limitations of the production processes
79 ___ Requirements to manifest wastes inhibit shipments off site for recycling
80 ___ Financial liability provisions inhibit shipments off site for recycling
81 ___ Technical limitations of production processes inhibit shipments off site for recycling
82 ___ Technical limitations of production processes inhibit off-site recycling
83 ___ Lack of permitted off-site recycling facilities
84 ___ Unable to identify a market for recyclable materials
70 ___ 85 ___ Other *(Specify in Comments box)*

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Sec. V. This Agency is authorized to require this information under Revised Statutes, 1991, Chapter 111-1/2, Sections 1004 and 1021 (f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to $25,000 for each day the failure continues, a fine up to $1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last Name Tandler First Name Paul B. Title Vice President

C. Signature [signature] D. Date of signature 2-25-92

COMMENTS: 86 ___ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms Sludge, 1,1,1-Trichloroethane
B. EPA Hazardous Waste Code F002 (30) ____ (34) ____ (38) ____ (42) ____ (46)
C. SIC code 3351 (50)
D. Origin Code 5 (54) System type M021 (55) E. Source code A19 (58) A___ (62) A___ (65)
F. Point of measurement 1 (68) G. Form code B601
H. Radioactive mixed 2 (73) I. TRI constituent 3 (74)
J. CAS numbers: 1. (75) 71-55-6 2. (83) ____ 3. (91) ____
4. (99) ____ 5. (107) ____

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 8.37 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year (120) 770. C. Current reporting year (130) 1650.
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M (141) ____ Quantity managed on-site this year (145) ____
On-Site System 2: System Type M (155) ____ Quantity managed on-site this year (159) ____

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (180) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Clayton Chemical Co.
1 Mobile Avenue, Sauget, IL 62201
B. U.S. EPA ID No. of facility waste was shipped to: (170) ILD006918327
C. System type shipped to M021 (182) D. Off-site availability code 1 (186)
E. Total quantity shipped in this reporting year: (187) 1650.
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197) ____
C. System type shipped to M (209) ____ D. Off-site availability code (213) ____
E. Total quantity shipped in this reporting year: (214) ____

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W (225) ___ W (228) ___ W (231) ___ W (234) ___ C. Other effects (Y=Yes, N=No) N (237)
D. Quantity recycled in reporting year due to new activities (238) ____
E. Activity/production index (248) ____ F. Reporting year Source reduction quantity (251) ____

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)
Quantity stored that was generated this reporting year: (263) ____
Quantity stored that was generated prior to this reporting year: (273) ____

COMMENTS: (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Flammable Liquid (Aliphatic and Aromatic Hydrocarbons)
B. EPA Hazardous Waste Code D 0 0 1 (30) ____ (34) ____ (38) ____ (42) ____ (46)
C. SIC code 3 3 5 1 (50)
D. Origin Code 1 (54) System type M (55) ___
E. Source code A 5 8 (59) A ___ (62) A ___ (65)
F. Point of measurement 1 (68)
G. Form code B 2 0 9 (69)
H. Radioactive mixed 2 (73)
I. TRI constituent 2 (74)
J. CAS numbers: 1. (75) ______-___-_ 2. (83) ______-___-_ 3. (91) ______-___-_
4. (99) ______-___-_ 5. (107) ______-___-_

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density (116) 9 . 5 lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year (120) 0 . __ C. Current reporting year (130) 8 2 5 . __
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M (141) ___ Quantity managed on-site this year (145) ______ . __
On-Site System 2: System Type M (155) ___ Quantity managed on-site this year (159) ______ . __

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Safety-Kleen Envirosystems
State Highway 146, New Castle, KY 40050
B. U.S. EPA ID No. of facility waste was shipped to: K Y D 0 5 3 3 4 8 1 0 8 (170)
C. System type shipped to M (182) 0 4 9 D. Off-site availability code 1 (186)
E. Total quantity shipped in this reporting year: (187) 8 2 5 . __
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197) ______
C. System type shipped to M (209) ___ D. Off-site availability code (213) __
E. Total quantity shipped in this reporting year: (214) ______ . __

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W (225) ___ W (228) ___ W (231) ___ W (234) ___ C. Other effects (Y=Yes, N=No) (237) __
D. Quantity recycled in reporting year due to new activities (238) ______ . __
E. Activity/production index (248) __ . __ F. Reporting year Source reduction quantity (251) ______ . __

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)
Quantity stored that was generated this reporting year: (263) ______ . __
Quantity stored that was generated prior to this reporting year: (273) ______ . __

COMMENTS: (283) __ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution, Stripper Dip Mix
B. EPA Hazardous Waste Code D001 (30) ____ (34) ____ (38) ____ (42) ____ (46) ____
C. SIC code 3341 (50)
D. Origin Code 1 (54) System type M (55) ____
E. Source code A22 (59) A____ (62) A____ (65)
F. Point of measurement 1 (68)
G. Form code B101 (69)
H. Radioactive mixed 2 (73)
I. TRI constituent 2 (74)
J. CAS numbers: 1. (75) ____-____-__ 2. (83) ____-____-__ 3. (91) ____-____-__
4. (99) ____-____-__ 5. (107) ____-____-__

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 7.98 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year (120) 2637. C. Current reporting year (130) 9101.
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M (141) ____ Quantity managed on-site this year (145) ____.__
On-Site System 2: System Type M (155) ____ Quantity managed on-site this year (159) ____.__

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Safety-Kleen Envirosystems
State Highway 146, New Castle, KY 40050
B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108 (170)
C. System type shipped to M061 (182) D. Off-site availability code 1 (186)
E. Total quantity shipped in this reporting year: (187) 9101.__
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197) ____
C. System type shipped to M (209) ____ D. Off-site availability code (213) ____
E. Total quantity shipped in this reporting year: (214) ____.__

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W54 (225) W____ (228) W____ (231) W____ (234) C. Other effects (Y=Yes, N=No) N (237)
D. Quantity recycled in reporting year due to new activities (238) 0.__
E. Activity/production index 0.7 (248) F. Reporting year Source reduction quantity (251) 30341.__

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)
Quantity stored that was generated this reporting year: (263) ____.__
Quantity stored that was generated prior to this reporting year: (273) ____.__

COMMENTS: ____ (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution, Phosphoric Acid
B. EPA Hazardous Waste Code D002 (30) ____ (34) ____ (38) ____ (42) ____ (46)
C. SIC code 3341 (50)
D. Origin Code 1 (54) System type M (55) ____ E. Source code A37 (59) A (62) ____ A (65) ____
F. Point of measurement 1 (68) G. Form code B103 (69)
H. Radioactive mixed 2 (73) I. TRI constituent 3 (74)
J. CAS numbers: 1. 7664-38-2 (75) 2. ____ (83) 3. ____ (91)
4. ____ (99) 5. ____ (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 10.5 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year ____ 495. (120) C. Current reporting year ____ 990. (130)
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M (141) ____ Quantity managed on-site this year ____ (145)
On-Site System 2: System Type M (155) ____ Quantity managed on-site this year ____ (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Heritage Environmental Services Inc.
7901 W. Morris St., Indianapolis, IN 46231
B. U.S. EPA ID No. of facility waste was shipped to: IND093219012 (170)
C. System type shipped to M078 (182) D. Off-site availability code 1 (186)
E. Total quantity shipped in this reporting year: 990. (187)
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ____ (197)
C. System type shipped to M (209) ____ D. Off-site availability code ____ (213)
E. Total quantity shipped in this reporting year: ____ (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W (225) ____ W (228) ____ W (231) ____ W (234) ____ C. Other effects (Y=Yes, N=No) ____ (237)
D. Quantity recycled in reporting year due to new activities ____ (238)
E. Activity/production Index ____ (248) F. Reporting year Source reduction quantity ____ (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)
Quantity stored that was generated this reporting year: ____ (263)
Quantity stored that was generated prior to this reporting year: ____ (275)

COMMENTS: Y (285) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

5

Sec. III C System Type Shipped to: M078

Handling codes as given in 40CFR
Part 265 Appendix I

Storage: S01 - Container (barrel, drum, etc.)

Treatment: T23 - Chemical Precipitation
T31 - Nuetralization
T40 - Filtration
T37 - Coagulation
T21 - Chemical Fixation

Disposal: D85 - Other (not specified)

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ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil, Halogen Contaminated
B. EPA Hazardous Waste Code F001 (30) ____ (34) ____ (38) ____ (42) ____ (46) ____
C. SIC code 3351 (50)
D. Origin Code 1 (54) System type M (55) ____
E. Source code A51 (58) A53 (62) A54 (65)
F. Point of measurement 2 (68)
G. Form code B206 (69)
H. Radioactive mixed 2 (73)
I. TRI constituent 3 (74)
J. CAS numbers: 1. (75) 71-55-6 2. (83) ____ 3. (91) ____
4. (99) ____ 5. (107) ____

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density (116) 8.04 lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year (120) 58958. C. Current reporting year (130) 49765.
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M (141) ____ Quantity managed on-site this year (145) ____
On-Site System 2: System Type M (155) ____ Quantity managed on-site this year (159) ____

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (168) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Holnam/Safety-Kleen
P. O. Box 456, Clarksville, MO 63336
B. U.S. EPA ID No. of facility waste was shipped to: MOD029729688 (170)
C. System type shipped to M051 (182) D. Off-site availability code 1 (186)
E. Total quantity shipped in this reporting year: (187) 38875.

Site 2: Name and address of facility:
Safety-Kleen Corp.
State Highway 146, New Castle, KY 40050
B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108 (197)
C. System type shipped to M061 (209) D. Off-site availability code 1 (213)
E. Total quantity shipped in this reporting year: (214) 8090.

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W12 (225) W (228) ____ W (231) ____ W (234) ____ C. Other effects (Y=Yes, N=No) N (237)
D. Quantity recycled in reporting year due to new activities (238) NA.
E. Activity/production index NA (248). F. Reporting year Source reduction quantity (251) 9193.

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (262)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)
Quantity stored that was generated this reporting year: (263) ____
Quantity stored that was generated prior to this reporting year: (273) ____

COMMENTS: Y (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.
Sec. III, Box B continued on following page 8.

ILD080018914 1621210008
CERRO COPPER PROD
MISSISSIPPI AVE
SAUGET, IL 62201

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil, Halogen Contaminated, Con't.

B. EPA Hazardous Waste Code (30) (34) (38) (42) (46)

C. SIC code (50)

D. Origin Code (54) System type M (55) E. Source code A (59) A (62) A (65)

F. Point of measurement (68) G. Form code B (69)

H. Radioactive mixed (73) I. TRI constituent (74)

J. CAS numbers: 1. (75) 2. (83) 3. (91)

4. (99) 5. (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM (115) Density (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

B. Quantity generated in previous reporting year (120) C. Current reporting year (130)

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) Quantity managed on-site this year (145)

On-Site System 2: System Type M (155) Quantity managed on-site this year (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
1 Mobile AVe., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: (170) I L D 0 6 6 9 1 8 3 2 7

C. System type shipped to M (182) 0 6 1 D. Off-site availability code (186) 1

E. Total quantity shipped in this reporting year: (187) 2 8 0 0

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to M (209) D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W (225) W (228) W (231) W (234) C. Other effects (Y=Yes, N=No) (237)

D. Quantity recycled in reporting year due to new activities (238)

E. Activity/production index (248) F. Reporting year Source reduction quantity (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) (262)

Quantity stored that was generated this reporting year: (263)

Quantity stored that was generated prior to this reporting year: (273)

COMMENTS: (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

ILD080018914 1631210008
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MISSISSIPPI AVE
SAUGET, IL 62202

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Solvent, 1,1,1-Trichloroethane
B. EPA Hazardous Waste Code F001 ____ ____ ____ ____
C. SIC code 3351
D. Origin Code 1 System type M___
E. Source code A19 A___ A___
F. Point of measurement 1
G. Form code B202
H. Radioactive mixed 2
I. TRI constituent 3
J. CAS numbers: 1. 71-55-6 2. ___-__-_ 3. ___-__-_
4. ___-__-_ 5. ___-__-_

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 10.23 lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year 71305. C. Current reporting year 79790.
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? Y Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M021 Quantity managed on-site this year 79,790.
On-Site System 2: System Type M NA Quantity managed on-site this year ______.

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Clayton Chemical Co.
1 Mobile Ave., Sauget, IL 62201
B. U.S. EPA ID No. of facility waste was shipped to: ILD066918327
C. System type shipped to M021 D. Off-site availability code 1
E. Total quantity shipped in this reporting year: 4600.
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ______
C. System type shipped to M___ D. Off-site availability code ___
E. Total quantity shipped in this reporting year: ______.

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W___ W___ W___ W___ C. Other effects (Y=Yes, N=No) ___
D. Quantity recycled in reporting year due to new activities ______.
E. Activity/production index __.__ F. Reporting year Source reduction quantity ______.

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored that was generated this reporting year: ______.
Quantity stored that was generated prior to this reporting year: ______.

COMMENTS: ___ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

ILD080018314 1631210008
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MISSISSIPPI AVE
SAUGET, IL 62202

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms, 1,1,1-Trichloroethane
B. EPA Hazardous Waste Code F 0 0 2 (30) ____ (34) ____ (38) ____ (42) ____ (46) ____
C. SIC code 3 3 5 1 (50)
D. Origin Code 5 (54) System type M 0 2 1 (55)
E. Source code A 1 9 (59) A ___ (62) A ___ (65)
F. Point of measurement 1 (68)
G. Form code B 2 0 1 (69)
H. Radioactive mixed 2 (73)
I. TRI constituent ___ (74)
J. CAS numbers: 1. (75) ___ 7 1 - 5 5 - 6 2. (83) ___-___-___ 3. (91) ___-___-___
4. (99) ___-___-___ 5. (107) ___-___-___

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density (116) 8 . 3 7 lbs/gal *(Same unit and density must be used for all quantities on this page)*
B. Quantity generated in previous reporting year (120) 8 8 0 0 . __ C. Current reporting year (130) 5 4 2 5 . __
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M (141) ___ Quantity managed on-site this year (145) ___ . ___
On-Site System 2: System Type M (155) ___ Quantity managed on-site this year (159) ___ . ___

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Clayton Chemical Co.
1 Mobile Ave., Sauget, IL 62201
B. U.S. EPA ID No. of facility waste was shipped to: I L D 0 6 6 9 1 8 3 2 7 (170)
C. System type shipped to M 0 2 1 (182) D. Off-site availability code ___ (186)
E. Total quantity shipped in this reporting year: (187) 5 4 2 5 . ___
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197) ___
C. System type shipped to M (209) ___ D. Off-site availability code ___ (213)
E. Total quantity shipped in this reporting year: (214) ___ . ___

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W 5 1 (225) W ___ (228) W ___ (231) W ___ (234) C. Other effects (Y=Yes, N=No) N (237)
D. Quantity recycled in reporting year due to new activities (238) ___ 0 . ___
E. Activity/production index N A (248) . ___ F. Reporting year Source reduction quantity (251) 3 3 7 5 . ___

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)
Quantity stored that was generated this reporting year: (263) ___ . ___
Quantity stored that was generated prior to this reporting year: (273) ___ . ___

COMMENTS: ___ (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

000053

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SAUGET, IL 62202

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form TI – Transporter Identification

Instructions for this form found on page 32.

1. U.S. EPA ID No. I L D 0 0 6 4 9 3 1 9 1 (30)
Transporter Name and Address:

SCHIBER TRUCK CO.
P. O. Box 51
Hartford, IL 62048

2. U.S. EPA ID No. I L D 0 6 6 9 1 8 3 2 7 (42)
Transporter Name and Address:
CLAYTON CHEMICAL CO.
#1 Mobile Ave.
Sauget, IL 62202

3. U.S. EPA ID No. I L D 0 9 2 3 5 8 5 4 8 (54)
Transporter Name and Address:
GATEWAY PETROLEUM CO.
3000 Missouri Ave.
East St. Louis, IL 62205

4. U.S. EPA ID No. I N D 0 5 8 4 8 4 1 1 4 (66)
Transporter Name and Address:
HERITAGE TRANSPORT INC.
7901 W. Morris St.
Indianapolis, IN 46231

5. U.S. EPA ID No. W I D 9 8 0 9 0 4 7 4 2 (78)
Transporter Name and Address:
SCHNEIDER TANK LINES
P. O. Box 2355
Green Bay, WI 54306

6. U.S. EPA ID No. N Y D 9 8 0 7 6 9 9 4 7 (90)
Transporter Name and Address:
HAZMAT ENVIRONMENTAL GROUP
60 Commerce Dr.
Buffalo, NY 14218

7. U.S. EPA ID No. _____ (102)
Transporter Name and Address:

8. U.S. EPA ID No. _____ (114)
Transporter Name and Address:

COMMENTS: _____ (126) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

CERRO COPPER PRODUCTS CO.
P.O. Box 66800
St. Louis, MO 63166-6800
618/337-6000

February 25, 1992

Illinois Environmental Protection Agency
Division of Land Pollution Control #24
P. O. Box 19276
Springfield, IL 62794-9276

RE: 1991 Generator Annual Hazardous Waste Report
U. S. EPA ILD080018914, IEPA 163121008

Gentlemen:

Enclosed is the completed 1991 Generator Annual Hazardous Waste Report for Cerro Copper Products Co. Should additional information or clarification be required, please contact my office or that of Joe D. Burroughs, Environmental Engineer.

Very truly yours,

CERRO COPPER PRODUCTS CO.

J M Grana

Joseph M. Grana
Manager of Environmental
and Energy Affairs

JMG/ge

Enclosure

RPL: [illegible]
LIST: EPA [illegible]

ILLINOIS ENVIRONMENTAL PROTECTION AGEN
DIVISION OF LAND POLLUTION CONTROL
19[illegible] ANNUAL REPORT
ERROR LISTING

USEPA-ID	PAGE NBR	FORM CODE	TRAN CODE	IEPA-ID	WASTE-CODES 1	2	3	4	5	SIC CODE	ORIG COD
ILD068021891?	0006	GM	A	1631210008	D001					3341	1

(CAS)-CHEMICAL-ABSTRACT-SYSTEM 1 & 4	2 & 5	3	UOM	DENSITY	PREV-YR-&- CURR-YR-QTY	ON-SITE-SYSTEMS- TDR TYPE	QUA
07664382			1	10.50	493.0	N	
					490.0		

IND	ACTIVITY-CODES	NEW-ACTIVITY-MINIMIZATION-RESULTS OTHER RECYCLED-QTY	INDEX	SRC-RED-QTY	>-90-DAYS-AT-Y/E OFF-SHIP	ON-STOR
N		0.0	0.0	0.0	N	N

A246: ERROR, VERIFY OFF-SITE SYSTEM TYPE (NOT IN CUM TABLE RANGE)

USEPA-ID	PAGE NBR	FORM CODE	TRAN CODE	IEPA-ID	WASTE-CODES 1	2	3	4	5	SIC CODE	ORI CO
ILD068021914	0007	GM	C	1631210008	D001					3351	

(CAS)-CHEMICAL-ABSTRACT-SYSTEM 1 & 4	2 & 5	3	UOM	DENSITY	PREV-YR-&- CURR-YR-QTY	ON-SITE-SYSTEMS TDR TYPE	QUA
			1	9.50	0.0	N	
					0.0		

IND	ACTIVITY-CODES	NEW-ACTIVITY-MINIMIZATION-RESULTS OTHER RECYCLED-QTY	INDEX	SRC-RED-QTY	>-90-DAYS-AT-Y/E OFF-SHIP	ON-STOR
N		0.0	0.0	0.0	N	N

A246: ERROR, VERIFY OFF-SITE SYSTEM TYPE (NOT IN CUM TABLE RANGE)

000311

CODES------ SIC CODE | ORIGIN CODE | SYS TYPE | SOURCE-CODES 1 2 3 | POINT MEASURE | WASTE FORM | RAD-ACT MIXTURE | TRI

3341 | 1 | | A37 | | 1 | 8103 | 2 | 3

YR-G-R-QTY | ON-SITE-SYSTEMS-MANAGED TOR TYPE | QUANTITY | OFF-SITE-SYSTEMS-MANAGED SHIP | USEPA-ID | TYPE | AVAIL | QUANTITY

495.0 | N | 0.0 | Y | IND093219012 | M075 | 1 | 990.0

MD77

990.0 | 0.0 | 0.0

---- | >-90-DAYS-AT-Y/E OFF-SHIP | ON-STOR | CURR-&-PREV-YR QTY-STORE-ONSITE | COMMENT INDICATOR | ERROR FLAG | ENTER DATE | PREVIOUS CHANGE DATE

0.0 | N | N | 0.0 | - | 920701

LE RANGE)

CODES------ SIC CODE | ORIGIN CODE | SYS TYPE | SOURCE-CODES 1 2 3 | POINT MEASURE | WASTE FORM | RAD-ACT MIXTURE | TRI

3351 | 1 | | A58 | | 1 | 8209 | 2 | 2

YR-G-R-QTY | ON-SITE-SYSTEMS-MANAGED TOR TYPE | QUANTITY | OFF-SITE-SYSTEMS-MANAGED SHIP | USEPA-ID | TYPE | AVAIL | QUANTITY

0.0 | N | 0.0 | Y | ILD066918327 | M049 | 1 | 2,800.0

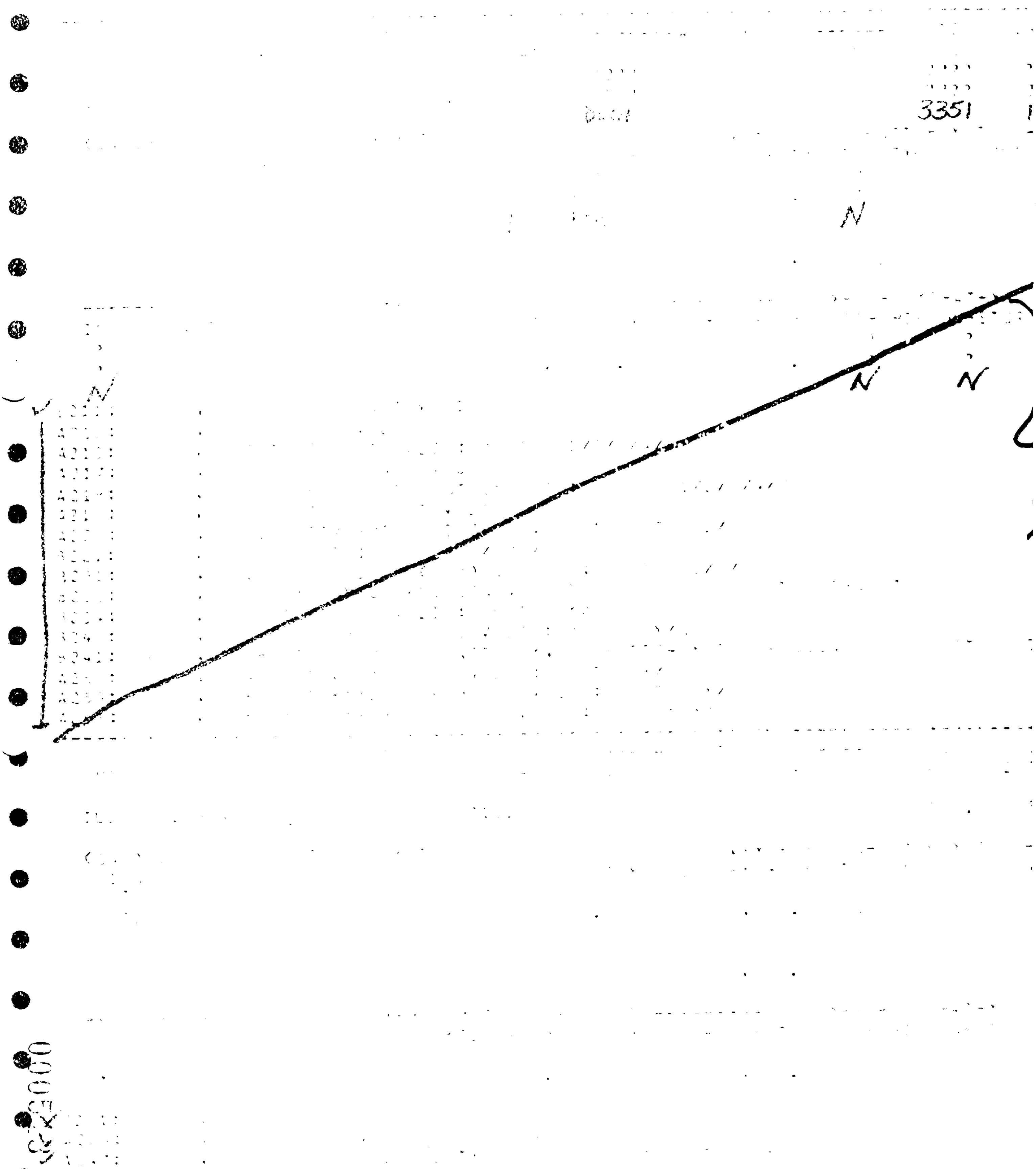
MD61

0.0 | 0.0

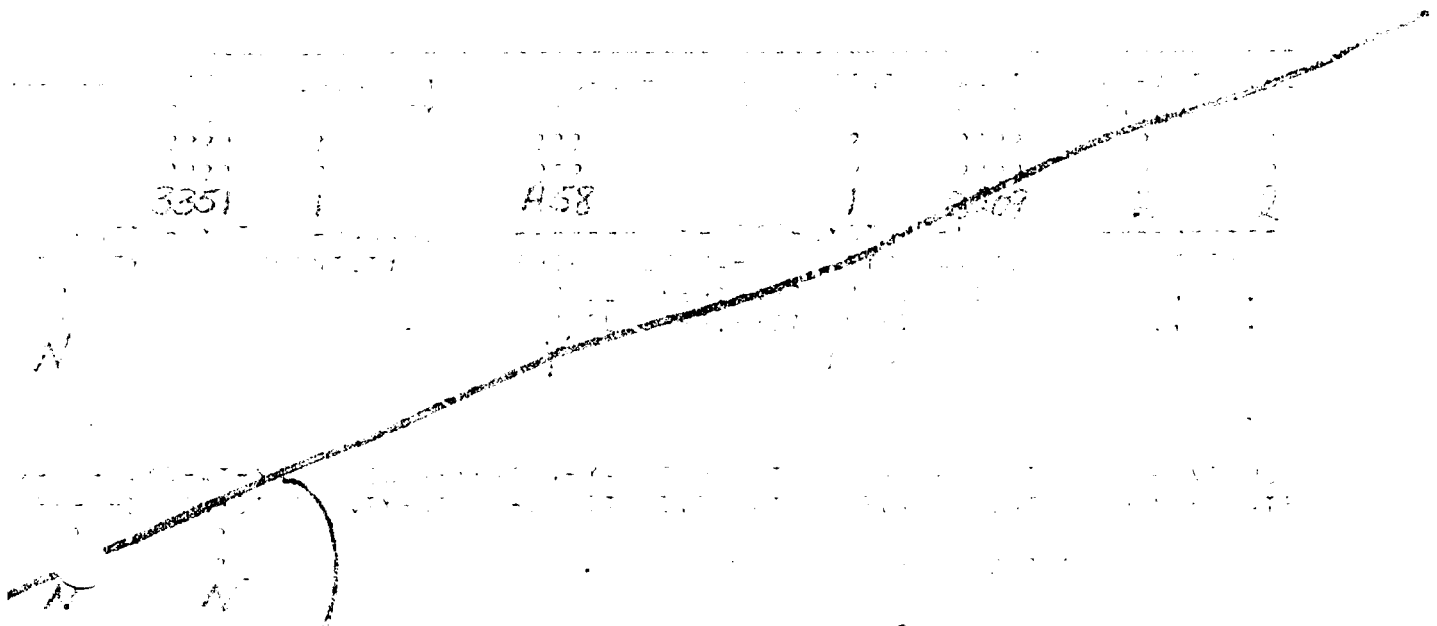
----- | >-90-DAYS-AT-Y/E OFF-SHIP | ON-STOR | CURR-&-PREV-YR QTY-STORE-ONSITE | COMMENT INDICATOR | ERROR FLAG | ENTER DATE | PREVIOUS CHANGE DATE

0.0 | N | N | 0.0 | N | 3 | 920701

LE RANGE)



0005778



This pg 7 of the report was a continuation sheet of pg 6. Remember as Pg 6a.

JMY 8-31-92

OK JMY 8/31/92

OK JMY 8/31/92

E3000

PROG: LPC_W_1
LIST: ERROR 1

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
1991 ANNUAL REPORT
ERROR LISTING

USEPA-ID	PAGE NBR	FORM CODE	TRAN CODE	IEPA-ID	GEN STAT	NON-GEN-REASON A-B-C-D-E-F-G	FUTR STAT	SIC-CO 1	2
					1				
ILDL8[illegible]18914	[illegible]1	IC	A	1631210[illegible]8	1		1	3341	3351 3

	INVESTIGATE ACTIVITY	MIN-ACTY-DELAY-SRC- A-B-C-D-E-F-G-H-I-J	*---MIN-ACTY-DELA A-B-C-D-E-F-G-H-I
		N N N N N N N N N N	N N N Y N N N N N
	Y	N N N (N) N N N N N N	N N N Y N N N N N

TYPO

148: ERROR, GEN-STAT = 1, RECYCLE-ACTIVITY = N, AT LEAST ONE MIN-ACTY-DELAY-RECYCL

USEPA-ID	PAGE NBR	FORM CODE	TRAN CODE	IEPA-ID	WASTE-CODES 1	2	3	4	5	SIC CODE	ORIGIN CODE
ILDU8[illegible]18914	[illegible]2	GM	I	1631210[illegible]8	F002					3351	5

(CAS)-CHEMICAL-ABSTRACT-SYSTEM 1 & 4	2 & 5	3	UOM	DENSITY	PREV-YR-&-CURR-YR-QTY	ON-SITE-SYSTEMS-MANA TOR TYPE	QUANTITY
00071556			1	8.37	770.0	N	0.
					1,650.0		0.

Removed JMS 8-31-92

IND	NEW-ACTIVITY-MINIMIZATION-RESULTS ACTIVITY-CODES	OTHER	RECYCLED-QTY	INDEX	SRC-RED-QTY	>-90-DAYS-AT-Y/E OFF-SHIP	ON-STOR	CU QTY
N			0.0	0.0	0.0			
N			0.0	0.0	0.0	N	N	

Not USED Now

251: ERROR, NEW-ACTIVITY-IND NOT = Y, NEW-ACTIVITY-MINIMIZATION-RESULTS MUST NOT B

USEPA-ID	PAGE NBR	FORM CODE	TRAN CODE	IEPA-ID	WASTE-CODES 1	2	3	4	5	SIC CODE	ORIGIN CODE
IL[illegible]8[illegible]18914	1[illegible]3	GM	A	1631210308	D001					3351	1

(CAS)-CHEMICAL-ABSTRACT-SYSTEM 1 & 4	2 & 5	3	UOM	DENSITY	PREV-YR-&-CURR-YR-QTY	ON-SITE-SYSTEMS-MANAG TOR TYPE	QUANTITY
			1	9.50	0.0	N	0.
					825.0		0.

IND	NEW-ACTIVITY-MINIMIZATION-RESULTS ACTIVITY-CODES	OTHER	RECYCLED-QTY	INDEX	SRC-RED-QTY	>-90-DAYS-AT-Y/E OFF-SHIP	ON-STOR	CUR QTY
N			0.0	0.0	0.0	N	N	

246: ERROR, VERIFY OFF-SITE SYSTEM TYPE (NOT IN COM TABLE RANGE)

UTR STAT	SIC-CODES 1	2	3	4	ON-MGT-STAT- STOR	TOR	XTOR	SOURCE REDUCT	RECYCLE ACTIVITY
1	3341	3351	3366		1	1	1	Y	N

MIN-ACTY-DELAY-RECYCLE A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	COMMENT INDICATOR	ERROR FLAG	ENTER DATE	PREVIOUS CHANGE-DATE
N	N	N	N	N	N	N	N	N	N	N	N	N	N					
N	N	N	Y	N	N	N	N	N	N	N	N	N	N		N	B	920317	

TYPO MISTAKE gmy 8-31-92

ACTY-DELAY-RECYCLE CODE MUST = Y

SIC CODE	ORIGIN CODE	SYS TYPE	SOURCE-CODES 1	2	3	POINT MEASURE	WASTE FORM	RAD-ACT MIXTURE	TRI
3351	5	M021	A19			1	B601	2	3

SYSTEMS-MANAGED TYPE	QUANTITY	OFF-SITE-SYSTEMS-MANAGED SHIP	USEPA-ID	TYPE	AVAIL	QUANTITY
	0.0	Y	ILD066918327	M021	1	1,650.0
	0.0					0.0

DAYS-AT-Y/E SHIP	ON-STOR	CURR-&-PREV-YR QTY-STORE-ONSITE	COMMENT INDICATOR	ERROR FLAG	ENTER DATE	PREVIOUS CHANGE DATE
	N	0.0	N	B	920701	

SULTS MUST NOT BE COMPLETED

SIC DE	ORIGIN CODE	SYS TYPE	SOURCE-CODES 1	2	3	POINT MEASURE	WASTE FORM	RAD-ACT MIXTURE	TRI
3351	1		A58			1	B209	2	2

ITE-SYSTEMS-MANAGED TYPE	QUANTITY	OFF-SITE-SYSTEMS-MANAGED SHIP	USEPA-ID	TYPE	AVAIL	QUANTITY
	0.0	Y	KYD053348108	~~M049~~ M021	1	825.0
	0.0					0.0

~~M061~~ M061 OK gmy 8-31-92

DAYS-AT-Y/E SHIP	ON-STOR	CURR-&-PREV-YR QTY-STORE-ONSITE	COMMENT INDICATOR	ERROR FLAG	ENTER DATE	PREVIOUS CHANGE DATE
	N	0.0	N	A	920701	